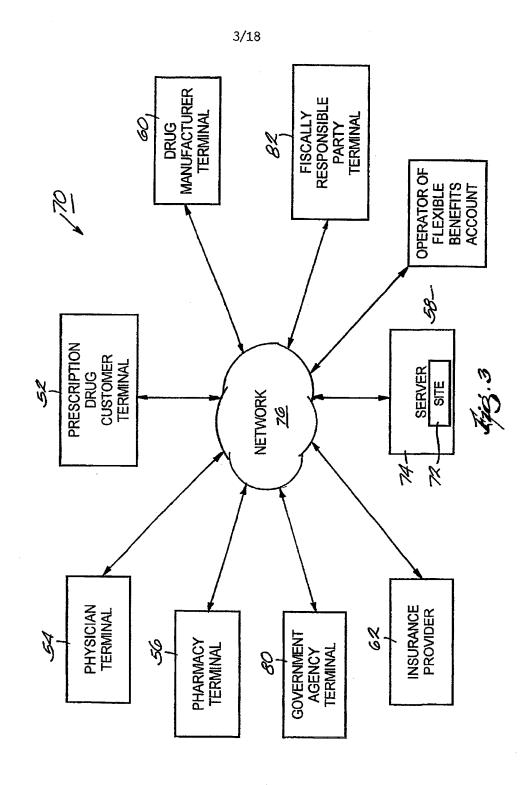
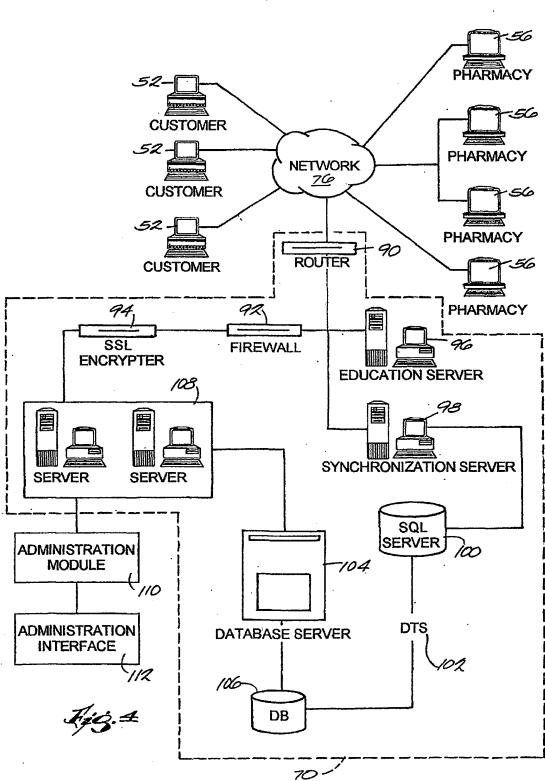
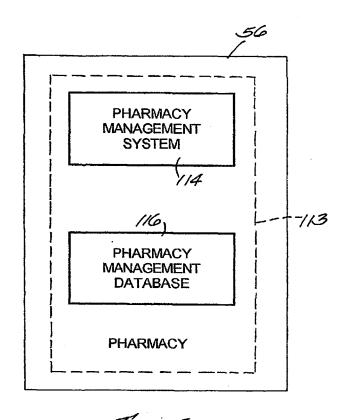
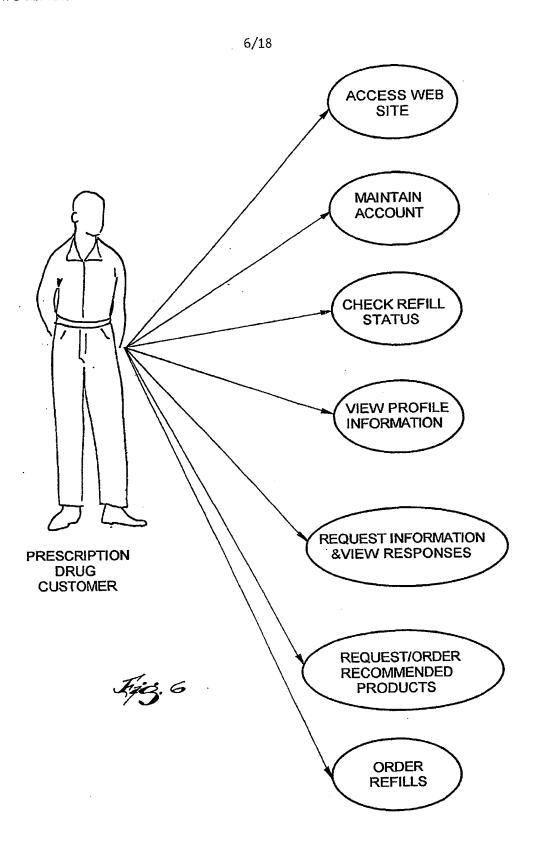


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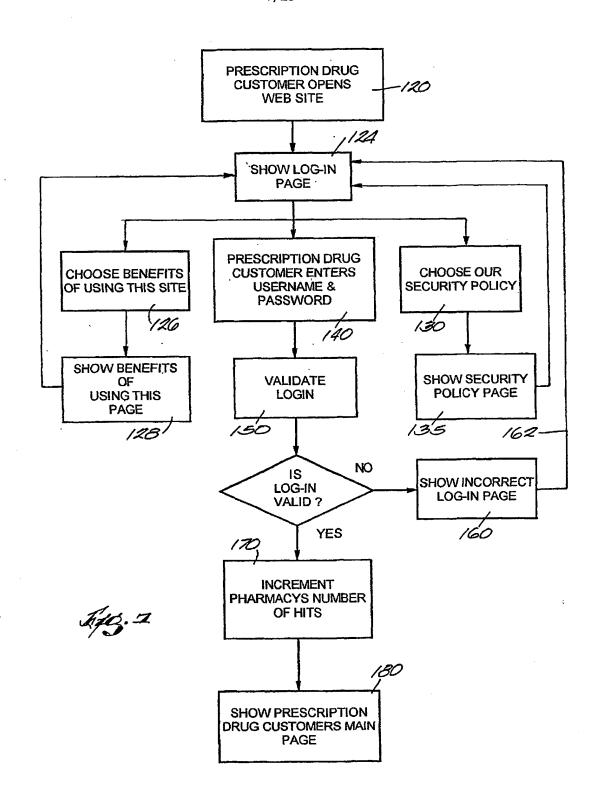


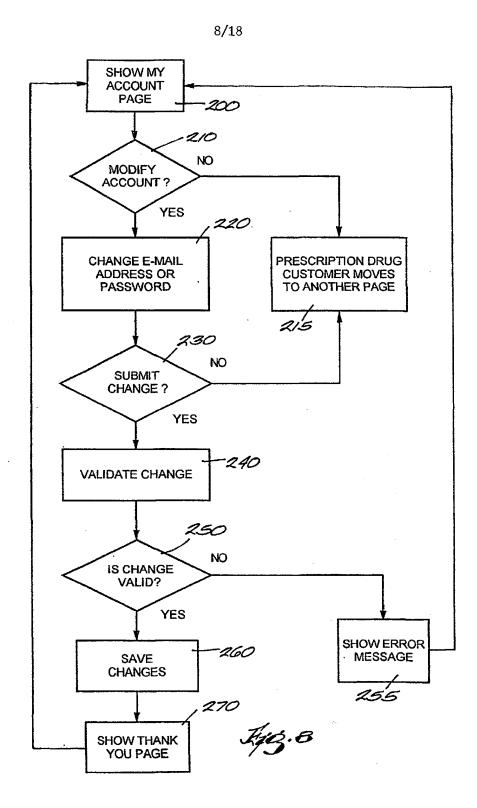


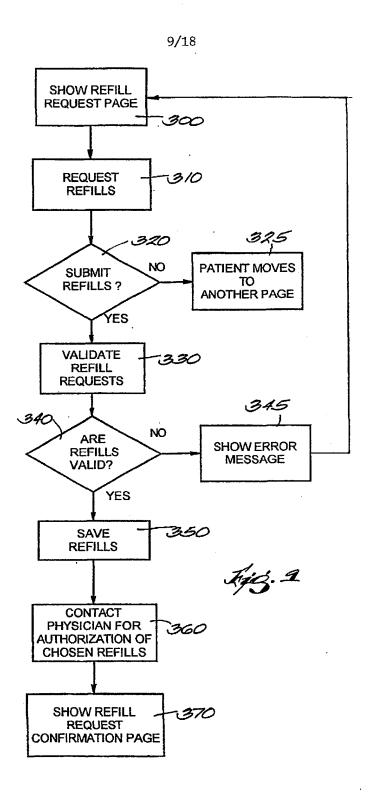




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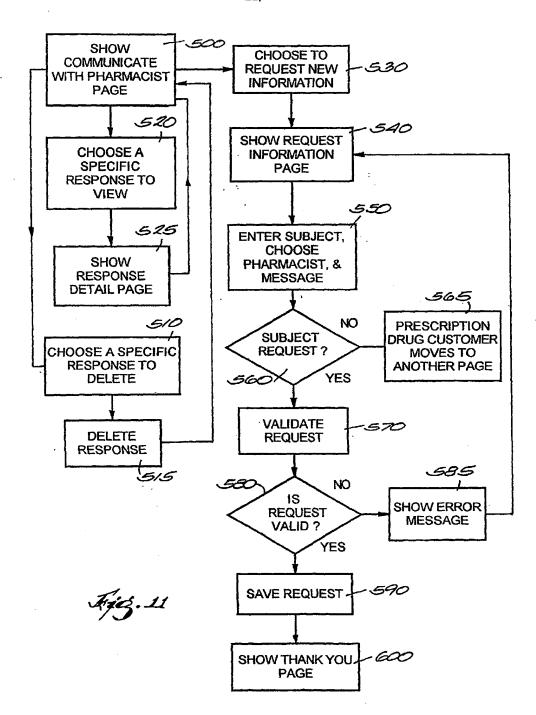




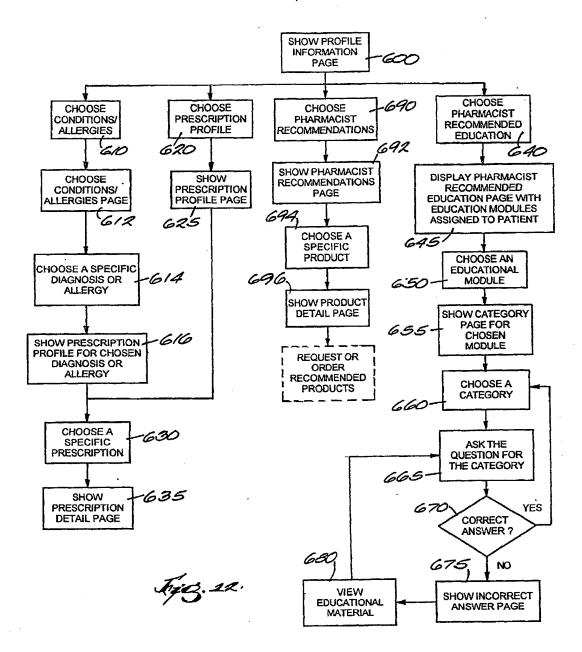
SHOW REFILL STATUS PAGE

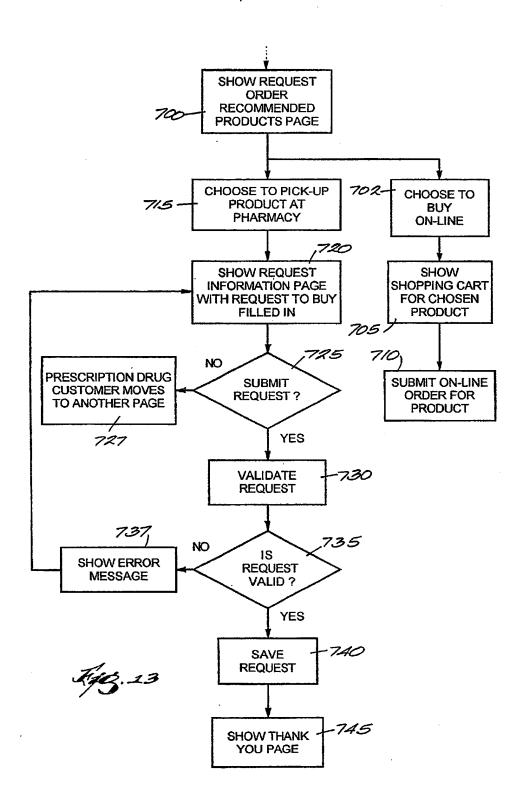
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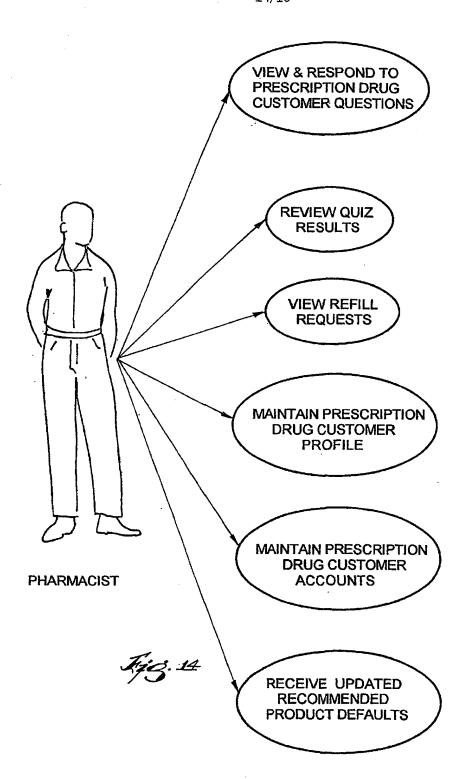
HOLFOIMO OMOKOR

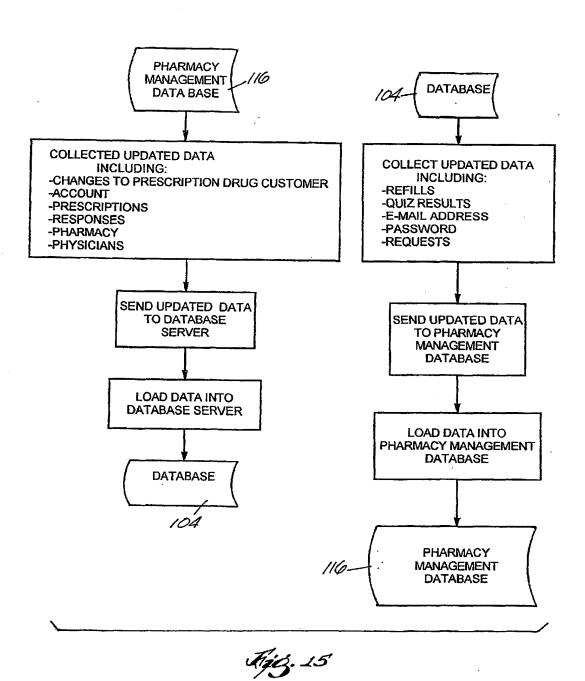


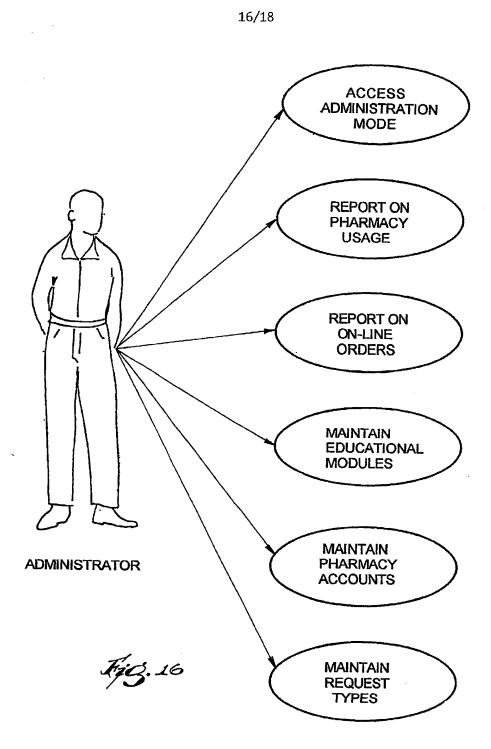
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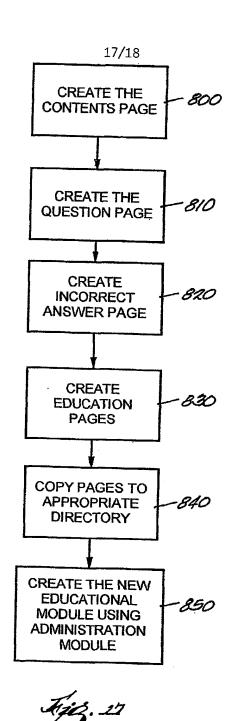


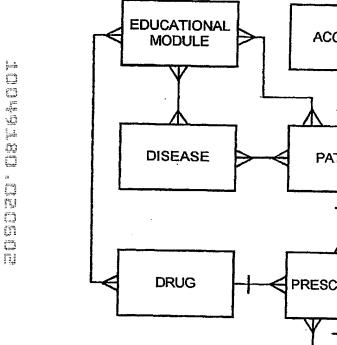












REQUEST Fig. 18 **TYPE** REQUEST/ **ACCOUNT** RESPONSE RECOMMENDED **PATIENT** PRODUCT **PRESCRIPTION PHARMACY REFILL PHYSICIAN PHARMACIST ORDER**